

- Hi I'm Jane. I'm working on a project with Alice Turner and Alastair Williamson – both anaesthetists at HGS. We're looking at oxygen prescribing and administration because a recent audit highlighted large variability in processes across the trust. We wanted to find out why by talking to people who actually do the work. Is O2 prescribing/administration something you have experience in?
- With the sheet: I'm trying to create a mind map of how the process works and how different parts of the process vary
- **Can you talk me through the process from your perspective?**
- **Is there a "perfect" way the process could go? Does it ever happen this way?!**
- **Have you had times when you've had to change the way you do this process?**
- **Is O2 ever given without a prescription? When does this happen?**
- **What do you see as the major issues with getting oxygen prescribed?**
- How do you know if the patient needs oxygen and when to administer it?
- How do you know if oxygen has been prescribed?
- Can you talk me through how you would administer and monitor oxygen? What equipment do you need?
- If you were concerned that a patient may need to start oxygen, what would you do?
- Does X always happen? could you tell me a bit more about Y?

• **Keep in mind:**

Input	Precondition	Resource
Control	Time	Output

- How does this fit the way things work in reality? What are we missing?
- When would you start your first activity? What signals that you should begin to e.g. assess the patient or monitor the oxygen sats? What needs to be in place before you could start this process?
- What needs to be in place before these things can happen? What resources do you need? E.g. equipment, wipes, gloves, time, instructions in notes, etc?
- How are messages conveyed around this process? (e.g. written notes, health professionals talking to each other, electronic notes/prescription?)
- How do you adjust what you do? E.g. depending on the patient, your working conditions, other things? How often do you have to make changes like this?
- How stable are the staffing levels to support you in your job? What happens if staffing levels are low?
- How does time pressure affect this process?
- Do you always have all the equipment you need to carry out the process? What happens if something is missing or unusable? Is the equipment easy to use?
- How do you respond if something unexpected happens? E.g. you get interrupted, an emergency happens or if you find information about the patient that is unexpected or is missing completely?
- How were you trained to carry out this process?
- How do you think this process could be improved?